THE RECOVERY KERNEL

Psychodrama Module

Enact it. Reclaim it. Rewrite it. Heal it in public.

Why Enactment Heals What Talking Cannot

Psychodrama was developed by Jacob Moreno in the 1920s — not as entertainment, not as roleplay, but as a clinical intervention based on a specific neurological insight: the brain processes enacted experience differently from narrated experience. When you tell the story of what happened, the prefrontal cortex is active — you are managing, editing, framing. When you enact the story, the limbic system engages. The body's memory activates. The emotional charge surfaces in a form that can be worked with, witnessed, and released.

Every technique in this module has a documented mechanism. The object ritual (the baby powder) works because the brain's fear and craving responses are conditioned to objects — and can be reconditioned through enacted experience with those objects. The stigma simulation works because shame lives in isolation and loses power when it becomes universal. The healing enactment works because the body performing recovery creates the neural associations of recovery — the brain does not fully distinguish between real and simulated experience at the limbic level.

This module is the most powerful tool in the Kernel meeting library. It is also the one that requires the most facilitator skill, the most safety, and the most preparation. Read the entire module before running any part of it. The safety protocols are not optional.

Facilitator Safety Requirement — Read Before Proceeding

- This module should not be run in the first three meetings of a new group. Trust must be established first.
- Have the 988 number visible and stated at the opening. Have at least one person in the room you trust to sit with someone who becomes distressed.
- No one is required to participate in any enactment. Witnessing is full participation.
- The facilitator does NOT play a character in the main drama — you are the director and safety holder throughout.
- If someone begins to dissociate (goes very still, eyes unfocused, stops responding), end the scene immediately. Use the grounding phrase: 'You are in this room. It is [date]. You are safe. Name something you can feel right now.'
- Always end the session with the Healing Enactment (Module 3) — never leave the group in the middle of the pain without completing the arc to the

repair.

Module 1

The Object Ritual

Power lives in the association — reclaim it by passing it through the group

The Therapeutic Mechanism

Craving is not primarily a thought. It is primarily an object-association. The brain has paired specific objects — a bag, a pipe, a bottle, a certain color of packaging — with the neurochemical experience of the substance. When you encounter those objects, the craving fires before conscious thought occurs. This is classical conditioning, and it is in the body, not the mind.

The object ritual works by introducing a STAND-IN object — something that looks enough like the real thing to activate a mild version of the association — and then working with that object in a group context that actively reprograms the association. The group's presence and response becomes the new paired experience. By the end of the ritual, the object has been handled, examined, laughed at, and discarded. The association has been interrupted and replaced.

1.1

The Baby Powder Ritual

The glamour of the line — deconstructed in real time

What You Need

- One container of baby powder, talcum powder, or similar white powder
- A small mirror or dark flat surface (optional — makes it visual)
- A trash bin placed visibly in the center of the room
- No music during this ritual — silence is the container

FACILITATOR: I have something in this bag. I'm going to pass it around. Don't open it yet.

[[Pass the sealed bag around the circle. Let people hold it, feel the weight, without opening.]]

FACILITATOR: What does it feel like to hold it?

[[Brief responses. Don't push. Move on.]]

[[Open the bag. Show it's baby powder. Some people will laugh. Let them.]]

FACILITATOR: Here's what we're going to do. I'm going to put some on this surface.

[[Put a small amount on the mirror or dark surface. Draw it into a line if the group is comfortable.]]

FACILITATOR: Look at it. What does it look like?

[[The group responds. Don't force anyone. Some will laugh, some will go quiet, some will feel something physical. All responses are valid.]]

The Three Acts of the Powder Ritual

ACT ONE — THE GLAMOUR: 'This is what it looked like. This is what the image looked like in your head before you used. The clean line. The ritual of it. The promise of it. The movies glamorized this. Your brain glamorized this. We are looking at baby powder. We were looking at baby powder the whole time.'

ACT TWO — THE RATIONALIZATION: Facilitator asks: 'Who can tell me how the first time went? Not your story — the first time in your HEAD. You told yourself it would be okay. Walk us through the math.' (Take 2-3 brief responses.) 'One time. Fine. Two times. Still fine. Then the third time your nervous system changed and fine was no longer available.'

ACT THREE — THE FIREWALL: 'Before we move on — everyone look at this powder. It has no power except the power we give it. Right now, together, we are withdrawing the power.' Facilitator picks up the mirror or surface. 'I'm going to carry this to the trash. If anyone wants to add something — a word, a sound, a gesture — as we walk it to the trash, do it.' Walk slowly. Group responds however they respond. Drop it in the trash. Done.

The Debrief — Three Questions After the Ritual

- 'What happened in your body when you saw the line? You don't have to explain why — just describe the physical experience.' (Go around quickly — one word or one sentence each.)
- 'Where did the power in that image come from?' (Open discussion — 2 minutes. The group will usually land on: movies, music, peers, the first high, the relief it provided.)
- 'It is now in the trash. What does that mean for the next time you see something that looks like that?' (Brief responses. Some people will say 'nothing changed.' That is honest. The ritual works over repetition, not as a single event.)

1.2

Object Rituals for Other Substances

Adapting the ritual to what's in the room

Substance	The Stand-In Object and Ritual Adaptation
Opioids / Pills	A candy in a small bag, or an unmarked pill bottle with mints. Pass around. Hold. The ritual: 'This is what the prescription

	looked like. This is what the relief looked like. We are holding candy.' Same three acts. Trash at the end.
Alcohol	A glass of apple juice — or water in a wine glass. The ritual: 'We are going to smell this. Notice what your brain does with the smell of something in a glass like this.' Smell it. Talk about what fired. Pour it out together.
Cigarettes / Vaping	A pen, held and tapped in the usual hand position. 'Notice the grip. Notice where your mouth wants to go.' Hold the pen in the smoking position for 30 seconds in silence. Then set it down and shake out your hand.
Meth / Stimulants	A small mirror and baking soda, or a glass pipe available from a craft store. The glamour here is the ritual paraphernalia. Same three acts — but add: 'What did the ritual give you before you even used? The preparation was part of the hit.' That is conditioning. That is what we are interrupting.
Cannabis	A tea bag or herb sachet. The smell triggers the association. Pass it around. Notice what fires. 'This is chamomile. Your brain just reacted to chamomile. That is how powerful the conditioning is.' Same three acts.

Module 2

The Stigma Simulation

Turn the weapon into a mirror — and then into a remedy

The Therapeutic Mechanism

Stigma operates through isolation. When someone calls you a 'meth face' or tells you that you look like an addict, the shame lands because it marks you as different from the people in the room — as someone who has done something others have not, who carries evidence of it on their body, who is visibly other. That mark is only shameful when you are alone in it.

The stigma simulation works by making the mark universal. When the entire group enacts the stigma together — when everyone is picking at their skin, everyone is the meth face, everyone is applying the oil of Olay together — the mark stops being a mark. It becomes a shared condition that the group addresses together. Shame requires isolation to survive. The simulation removes the isolation.

The second mechanism is the reframe: moving from the social label ('meth face') to the biological reality ('the chemicals in my system, the dopamine-driven fixation, the skin barrier compromise from meth'). The reframe does not erase the experience — it replaces a shame narrative with an accurate one. Accurate narratives can be addressed. Shame spirals cannot.

2.1

The Simulation Script

Facilitator runs this in three phases

What You Need

- Small mirrors — dollar store, one per person, or shared
- A small bottle of moisturizer, oil, or lotion — passed around
- Optionally: a card with the reframe language printed on it (provided below)
- Quiet music during the healing phase — instrumental, calming

PHASE ONE — THE LABEL

FACILITATOR: I'm going to say some things out loud that people have said — or thought — about people in this room, or people like us. These are real things people say. I am saying them so we can look at them, not because they are true.

[[Read slowly, with pauses.]]

FACILITATOR: 'You can always tell an addict by looking at them.'
FACILITATOR: 'Meth face. Look at the skin. You can see what they did to themselves.'
FACILITATOR: 'They brought it on themselves.'
FACILITATOR: 'Once an addict, always an addict.'
FACILITATOR: 'They'll never really change.'

[[Pause.]]
FACILITATOR: How many of those have you heard? In the last month. About yourself.
[[Let the silence hold. Don't rush. Then:]]
FACILITATOR: We're going to do something with these.

PHASE TWO — THE UNIVERSAL SIMULATION

FACILITATOR: I want everyone to pick up a mirror. If you don't have one, use your phone camera.
FACILITATOR: Look at your skin. Right now. Really look.
[[Give 30 seconds of silence.]]
FACILITATOR: Now — find something. A mark, a spot, a dry patch, a pore, something you'd normally not want anyone to see. You all have one. Everyone in this room has one.
[[Pause.]]
FACILITATOR: Now touch it. Not aggressively. Just touch it and notice the impulse — the impulse to fix it, pick at it, cover it.
FACILITATOR: That impulse. That is not you being broken. That is dopamine-driven pattern completion. The same mechanism that drove the craving drove the picking. The same wiring. The same system.

FACILITATOR: Look around the room.
FACILITATOR: Everyone is holding a mirror. Everyone found something. Everyone has the impulse.
FACILITATOR: There is no meth face in this room. There are nervous systems doing what nervous systems do when they have been under chemical stress.

THE REFRAME CARD — Read Aloud or Post on the Wall

OLD LABEL: 'Meth face — look what you did to yourself.'
BIOLOGICAL REALITY: 'Methamphetamine causes vasoconstriction, reducing blood flow to the skin. The dopamine dysregulation drives repetitive behaviors including skin picking. The immune suppression from chronic stimulant use impairs the skin barrier. These are chemical consequences of a chemical process. They are not evidence of character.'

OLD LABEL: 'You can always tell an addict.'

BIOLOGICAL REALITY: 'You can sometimes see the physical consequences of chronic stress on a human body. Those consequences occur from poverty, from war, from disease, from caretaking. The body under prolonged stress shows it. This is not unique to addiction. This is biology.'

OLD LABEL: 'They brought it on themselves.'
BIOLOGICAL REALITY: 'No one chooses their MTHFR status. No one chooses their COMT variant. No one chooses the neurochemical deficit that made the substance feel necessary. The decision to use was made by a system that was already in distress, seeking relief.'

PHASE THREE — THE HEALING SIMULATION

FACILITATOR: Now we do the repair. Not metaphorically. Actually.
[[Pass around the moisturizer or oil. Play quiet music.]]
FACILITATOR: Put some in your hands. Apply it. To the place you found in the mirror.
FACILITATOR: This is what healing looks like. It is not dramatic. It is not a moment of grace. It is someone putting lotion on their face in a room full of people doing the same thing.
[[Let the silence and music hold this for 60 seconds. Then:]]
FACILITATOR: This is what we are doing here. Every week. Something small that is actually care. In public. Together.
[[Silence. Let it land.]]

Module 3

The Cliché Deconstruction

The things people say that are not true — enacted so we can see them clearly

The Therapeutic Mechanism

Recovery is full of clichés that function as emotional pressure rather than useful guidance. 'Forgive and forget.' 'Let it go.' 'Keep coming back, it works if you work it.' 'One day at a time.' These phrases are not wrong — but they are often deployed to shut down a real experience rather than illuminate it. The person who cannot forgive is told to forgive harder. The person who cannot forget is told they have not truly forgiven.

The cliché deconstruction works by enacting the cliché — playing it out literally, to its conclusion — so the group can see what it actually means in practice versus what it claims to mean. The enactment does what argument cannot: it shows rather than tells.

3.1

Forgive and Forget — The Scarlet Letter Enactment

20 minutes — the full arc from label to release

What You Need

- Red stickers, red marker, or red sticky notes — one per person
- Optionally: a piece of red cloth or ribbon
- Space to move around the room

THE ENACTMENT — IN FOUR ACTS

ACT ONE — WRITING THE LETTER (5 min): Each person writes on a red sticker one word — one thing they have done, or one thing that was done to them, that they have been told to 'forgive and forget.' Just one word. They do not show it to anyone yet.

ACT TWO — WEARING IT (5 min): Each person sticks the label visibly on themselves — on their shirt, forehead, hand, wherever they choose. Now the group can see everyone's letters. No one reads them aloud. The group just sees that everyone is wearing one. Facilitator: 'Look around the room. This is what it looks like to carry the thing you were told to forget. You have been carrying it. So has everyone else in this room.'

ACT THREE — THE TRUTH ABOUT FORGETTING (3 min): Facilitator speaks: 'Forgive and forget means: act like it didn't happen. It means: the person who hurt you should get to continue without consequence. It means: your pain is inconvenient. Here is what is

actually true: forgiveness is possible. Forgetting is not neuroscience. The hippocampus does not have a delete function. You cannot forget. What you can do is change what the memory means, change its emotional charge, change what you do with it. That is not forgetting. That is something harder and more honest than forgetting.'

ACT FOUR — THE RELEASE (5 min): 'You have two choices with this label. You can keep wearing it — and there is no shame in that; it is your experience; it is real. Or you can take it off and set it down somewhere in this room — not throw it away, not destroy it — just set it down. Not because it didn't happen. Because you are choosing to not carry it on your body today.' Soft music. People move around the room and decide. No pressure either way.

The Debrief

- To those who removed the label: 'You set it down. Where did you put it? Why there?'
- To those who kept wearing it: 'You kept it on. What does keeping it mean for you right now?'
- To everyone: 'What is the difference between forgiving something and forgetting it? Can you say it in one sentence?'

The facilitator does not resolve this. The group does not need to reach consensus. The point is to make visible what 'forgive and forget' actually asks of people — and to give the group permission to reject the forgetting part while keeping the forgiving part as a goal, not a demand.

Module 4

The Main Drama — The Bust

20 minutes to build your character. Then we play it out. Every incarnation.

The Therapeutic Mechanism

Psychodrama's most powerful technique is role reversal — the moment when the person who played the user plays the dealer, or the person who played the dealer plays the family member watching their child disappear. Each role change produces a perspective shift that talking about that role cannot produce. You do not understand the dealer until you have played the dealer. You do not understand what the family witnessed until you have played the family member.

'The Bust' is a structured psychodrama in which the entire ecology of addiction is enacted — not just the using, but every character who was present: the dealer, the user, the friend who watched, the family member who found out, the police officer, the judge, the treatment counselor who didn't listen, the one person who said the right thing too late. Every character gets to speak. Every character gets their moment. And then the scene shifts — and every character gets a different ending.

4.1

The Role Cards

20 minutes to prepare — then the play begins

FACILITATOR: We're doing a play tonight. You have 20 minutes to find your character. I'm going to hand out role cards. Read yours. Find your costume — whatever is in this room. A jacket worn differently, a hat, a prop from your bag, whatever. When the 20 minutes are up, you are that character. Stay in character until I call scene.

[[Distribute role cards. Give 20 minutes. Facilitator circulates, helps people find their character. Music plays.]]

THE ROLE CARDS — Print, cut, and distribute one per person. For groups over 8, double up on some roles. For groups under 6, one person can play multiple roles sequentially.

ROLE: THE DEALER — Played by anyone — ideally someone who can hold the energy

COSTUME / PROP: Sunglasses if available. Something in your pocket. A confident posture.

YOUR LINES: 'I got what you need. You know where to find me. I'm not your problem — I'm your solution.' AND: 'I got your money. You're gonna get HIGH.

NOTHING touches me. I'm untouchable. Check me out.'
YOUR ARC: You start the play at the top of the world. By the end of the play, you get busted. You are not glamorous. You are afraid. You have people you love. The moment you realize the person you just sold to is someone's child — play THAT moment.

ROLE: THE USER — First Time — Anyone who remembers the first time
COSTUME / PROP: Hands slightly reaching forward. A look of anticipation.
YOUR LINES: 'Just this once. I just want to see what it's like. I'm not going to be one of those people.' AND: 'Okay. One more time. I can stop whenever I want.'
YOUR ARC: You start curious and in control. You end somewhere you did not plan to be. The moment you notice the control is gone — play THAT moment.

ROLE: THE USER — Established — Anyone who knows what maintenance looks like
COSTUME / PROP: Slightly hunched. Checking pockets. Alert to movement.
YOUR LINES: 'I'm fine. I just need to get through today. One more time and then I stop. I've done it before.' AND: 'I don't have a problem. I can manage this.'
YOUR ARC: You are exhausted. You are maintaining something that no longer works but you cannot stop. The moment someone sees through you — play THAT moment.

ROLE: THE FRIEND WHO WATCHED — Someone who has been on the sidelines of someone else's using
COSTUME / PROP: Arms crossed, then uncrossed. Standing slightly apart from the scene.
YOUR LINES: 'I didn't know what to say. I thought they'd figure it out. I didn't want to make it worse.' AND: 'I should have said something earlier. I should have done something.'
YOUR ARC: You carry guilt that doesn't belong to you. The moment you realize the guilt isn't yours — play THAT moment.

ROLE: THE FAMILY MEMBER — Anyone who has been loved by someone in addiction, or who has loved someone who uses
COSTUME / PROP: A photo held in one hand, or arms reaching slightly forward.
YOUR LINES: 'I don't understand what happened to you. You were right here and then you were gone.' AND: 'I'm angry and I love you and I don't know how to do both at the same time.'
YOUR ARC: You move between grief and anger and love and they all feel the same. The moment you stop waiting for the old person to come back and see who is actually standing in front of you — play THAT moment.

ROLE: THE SYSTEM — One or two people — can be split or played together
COSTUME / PROP: Clipboard if available. Upright posture. Neutral expression.
YOUR LINES: 'You were non-compliant. You have failed to meet the conditions of your treatment. We are recommending a higher level of care.' AND: 'This is your

third admission. What is different this time?'
YOUR ARC: You are not evil. You are overwhelmed and under-resourced and operating from a model that doesn't fit the person in front of you. The moment you recognize that — play THAT moment.

ROLE: THE ONE PERSON WHO SAID THE RIGHT THING — Anyone
COSTUME / PROP: Open hands. Steady eye contact.
YOUR LINES: 'I don't think you're broken. I think you've been running on the wrong information.' AND: 'I'm not going anywhere. I'll be here when you're ready.'
YOUR ARC: You don't fix anything. You just stay. The moment the person in front of you hears you — play THAT moment.

4.2

The Play Structure

Four scenes — each played twice, with a role shift

Scene	What Happens	The Shift
Scene 1 — The Transaction	Dealer and User (first time) meet. The transaction happens. The friend watches. The family member is somewhere else in the room, not yet involved.	After the scene: Dealer and User swap roles. Run it again. The dealer is now the user. The user is now the dealer. What changes?
Scene 2 — The Spiral	User (established) tries to manage their life. The System enters. The family member tries to reach them. The friend stands at the edge.	After the scene: Family member and User swap roles. Run the moment where the family member finds out. Now the user plays the family member. What do they see?
Scene 3 — The Bust	Dealer gets caught. The System arrives. The User is present. Everyone freezes when the bust happens — what does each character do in the freeze?	After the freeze: Facilitator calls each character one at a time. 'Dealer — what are you thinking RIGHT NOW?' 'User — what are you feeling RIGHT NOW?' Go around all characters.
Scene 4 — The Other Ending	The One Person Who Said the Right Thing enters — at ANY point in scenes 1, 2, or 3. Their arrival	After the scene: Group discussion — what changed? What didn't change? What could only change from inside?

	changes one thing. Just one. The group improvises what changes.	

The Director's Notes — Running the Bust Safely

- You are the director. You are not in the play. Stay outside the scene so you can see the whole room.
- Call 'FREEZE' at any moment if someone appears to be in genuine distress rather than playing distress. Ask: 'Are you playing the character right now, or are you in it?' The person will tell you.
- 'I'm in it' means: stop the play, activate the grounding protocol, bring them back to the room. The play resumes after, or not. The person's safety takes precedence.
- The Dealer role is frequently cathartic for people who have never been allowed to play the powerful character. Let it be big. Let the Dealer be genuinely menacing. The bust works better when the Dealer was actually terrifying.
- The role reversal is the most important moment. Do not skip it. The moment a user plays the dealer is often when they understand for the first time what they were actually interacting with.
- Always end with Scene 4 — The Other Ending. Never leave the group inside the bust without moving to the possibility of something different.

4.3

The Debrief

Coming out of character — and back to yourself

FACILITATOR: SCENE. [Beat.] Step out of your character. Shake it off — literally. Shake your hands, your arms.

[[Everyone shakes out.]]

FACILITATOR: Now stand in a circle. And say your own name. Your real name. Just your name.

[[Go around the circle. Each person says their name.]]

FACILITATOR: You just played someone — or something — that has had power in your life. You controlled it for the last 20 minutes. That is not nothing.

Debrief Questions — Take Your Time With These

- 'Which role was hardest to play? Which was easiest? What does that tell you?'
- 'Was there a moment in the play where you recognized something true? What was it?'
- 'The dealer got busted. What happened to the dealer after? Play that out in

one sentence.'

- 'The One Person Who Said the Right Thing — who was that person in your real life? If there wasn't one, who could have been?'
- 'What would you tell the character you just played, if you could go back?'

Module 5

The Healing Enactment

What recovery actually looks like — performed in public, together

Why This Must Always Come Last

You have just taken the group through enacted pain, stigma, power dynamics, role reversal, and the bust. The limbic system has been activated. The body is holding something. You cannot end here. The nervous system needs a completion arc — not a resolution, not a happy ending, but a physiological signal that the activated state has a place to land.

The Healing Enactment is not a performance of being healed. It is a performance of the specific small actions that constitute healing — the actual, literal, physical things that recovery looks like in daily life. Enacted in public. Together. Because the body learns from doing, and doing it in a room full of other people doing it changes what the doing means.

FACILITATOR: We're going to end tonight by showing each other what we're actually doing. Not what we're trying to do. What we're actually doing. One action. Real. Specific.

FACILITATOR: Think of one thing you do — or are trying to do — that is recovery. Not a goal. An action. Something you can show us right now with your body.

[[Give 60 seconds for people to think.]]

FACILITATOR: We're going to go around the room. Each person shows us — without explaining first. Just do it. Then tell us what it is after.

EXAMPLES OF HEALING ENACTMENTS — Share These If the Group Needs Prompting

DRINKING A GLASS OF WATER — slowly, deliberately, the whole thing: 'This is me hydrating. Every day. It sounds stupid. I used to not do this.'

MAKING THE BED — mime the action: 'This is me making my bed. I haven't made my bed in three years. I make it now.'

TAKING THE SUPPLEMENTS — mime opening a bottle, taking them: 'This is me taking my methylfolate. I don't fully understand it yet. But I do it.'

THE MORNING WALK — mime walking, looking around: 'Every morning. Twenty minutes. I don't listen to anything. I just walk.'

CALLING ONE PERSON — mime dialing a phone: 'I call my sister on Tuesdays. I didn't speak to her for two years. I call her now.'

SITTING WITH THE CRAVING — sit completely still, hands open on knees: 'I sit with it for three minutes before I do anything. It passes. I sit with it.'

WRITING ONE THING DOWN — mime writing: 'I write one thing I did right. Every night. One thing. Not a list. One thing.'

EATING BREAKFAST — mime the action: 'I eat breakfast now. Every day. That's it. That's recovery for me right now.'

[[After everyone has shown their action:]]

FACILITATOR: Look at what just happened in this room. Every person in this room showed us something real. Not a plan. Not a goal. Something they are actually doing.

FACILITATOR: This is what recovery looks like. It looks like this.

FACILITATOR: We close the way we always close.

FACILITATOR: The biology can be understood.
EVERYONE: The biology can be understood.
FACILITATOR: The pattern can be changed.
EVERYONE: The pattern can be changed.
FACILITATOR: The work is real and the work is worth doing.
EVERYONE: The work is real and the work is worth doing.
EVERYONE: Come back.

Appendix

Full Psychodrama Session Schedule

90 minutes — the complete arc

Time	Phase	What Happens
0:00–0:10	Opening	Standard Kernel opening: water, breath, Purpose Statement, opening sentence
0:10–0:25	Introduction Ritual	All four sentences — name, type, thrills, working on
0:25–0:40	Module 1 — Object Ritual	The baby powder or adapted object ritual for the substance relevant to this group
0:40–0:55	Module 2 — Stigma Simulation	The label, the universal simulation, the reframe card, the healing
0:55–1:05	Module 3 — Cliché Deconstruction	Forgive and Forget — Scarlet Letter enactment
1:05–1:25	Module 4 — The Bust	20 min prep, 4 scenes, role swaps, debrief
1:25–1:35	Module 5 — Healing Enactment	Each person shows one real recovery action
1:35–1:45	Close + Integration	Standard Kernel close + optional 10 min open sharing

Which Modules to Run on Which Meeting

- First psychodrama session: Module 1 (Object Ritual) only — let the group find the format before adding more
- Second session: Module 1 + Module 2 (Stigma Simulation)
- Third session: Module 3 (Cliché Deconstruction) — good for groups that have been together a while and are ready to examine the language they've been using
- Fourth session: Module 4 (The Bust) — requires the most trust; do not attempt before the group has had at least 3 sessions together
- Module 5 (Healing Enactment) — always, every psychodrama session, at the end
- Full 90-minute arc: once per month maximum — these sessions are high-activation; the group needs regular meetings in between to integrate